



What Employees Need to Know

About
Workers' Compensation
in Florida.

Florida Department of Labor and
Employment Security

IMPORTANT INFORMATION REGARDING YOUR WORKER'S COMPENSATION BENEFITS

Dear Employee:

Changes in the Florida Workers' Compensation regulations effective January 1, 1997 required a self-insured employer to become certified as a managed care arrangement (MCA) in an effort to:

- Ensure quality health care and delivery to injured workers.
- Promote return to work of injured workers as soon as medically feasible
- Promote the use of managed care networks

Effective January 1, 1997, all injuries must go through the authorized care centers. These locations are posted at work sites, or may be obtained by calling: (305) 375-4280. All injuries on the job will be channeled through the managed care arrangement.

First reports of injury must be called in as soon as possible to 1-877-MDC-RISK (1-877-632-7475).

- All participating providers are approved by the Agency for Health Care Administration (ACHA).
- In the event of an emergency, employees may access the most convenient emergency care site.
- All injuries will be assigned a medical care coordinator (MCC) (A primary care provider within the network who is managing the medical care of the injured worker, including other providers or facilities to which an injured employee may require care from will be operating in the scope and requirements of the MCC provisions under Chapter 459).

MEDICAL CARE COORDINATION PROCEDURES:

- The early intervention nurses at Miami-Dade will work with the medical care coordinator to assure that the injured worker will be referred to physicians within the network (except for emergency care).
- Referral to another provider within the MCA network must have prior approval from the medical care coordinator.
- The employee will be allowed to treat with a second provider within the same specialty and network during the course of treatment with prior approval from the medical care coordinator. The process involved for the employee is described in the employee request for second opinion section of this plan. In addition, the grievance action section of this plan addresses the employee's options for a second opinion through the established grievance process.

REQUEST FOR SECOND OPINION:

1. A request is generated from the employee and/or PCP to the adjuster.
2. The request is reviewed by the adjuster or CorVel Nurse Case Manager (NCM)..
3. The adjuster or NCM conferences with the injured worker to confirm the understanding of the request and to explain the procedure.
4. The adjuster or NCM advises the PCP/MCC of the request and a provider is selected for the second medical opinion.
5. The adjuster or NCM schedules an appointment and the injured worker is notified of the appointment.
6. Documentation is retained in the adjuster file.



GRIEVANCE:

Injured workers are provided information on the grievance procedure and the following is the process:

1. File the complaint by phone through 1-800-753-6778 or by mail to P.O. Box 012954, Miami, Florida 33101-2954..
2. Complaints are logged in the grievance unit.
3. Acknowledgment of the grievance is mailed to the injured worker within the next business day.
4. The MCA Grievance Coordinator Reviews the grievance and makes a formal or informal grievance determination.

INFORMAL GRIEVANCE (LEVEL I)

1. Resolution is determined and documented within 14 days.
2. The employee is notified via certified mail.
3. If the grievance is not resolved it will advance to the Formal Level II process.

FORMAL GRIEVANCE (LEVEL II)

1. If warranted, contacts are made for additional information
2. All pertinent medical information is collected and forwarded to the Medical Advisor for review.
3. Resolution is determined within 30 days (up to 60 days if additional information is required).
4. Employee is notified via certified mail.
5. If the grievance cannot be resolved in the Level II process, it is advanced to the Level III.

FORMAL GRIEVANCE (LEVEL III)

1. The grievance committee will meet within 10 business days of receipt of a grievance.
2. The committee consists of two or more of; the employer, the MCC, CorVel's RN, CorVel's Quality Assurance Director or Case Manager.
3. The grievance committee makes a valid or invalid grievance determination and all parties are notified in writing.
4. If a grievance is found to be valid, a corrective action plan will be defined and implemented.
5. All grievances will be resolved within 30 days (up to 60 days if additional information is required).

ADDITIONAL WAGE INFORMATION: (DOES NOT APPLY TO MUNICIPALITIES)

By law, Workers' Compensation benefits are 66% percent of an employee's wages. These wages are calculated by obtaining the DWC-1A reflecting 13 weeks of the employee's earnings prior to the date of accident in order to determine the employee's average weekly wage. The remaining 33% percent is automatically paid from the employee's accumulated leave time in order to provide the employee full salary. If, however, the employee does not wish to have his/her leave time depleted or has questions pertaining to leave restoration or their payroll check, the employee must contact his/her department's personnel officer. Reminder, if the employee chooses to have his/her accumulated leave time make up the difference between his/her Workers' Compensation Benefits and his/her full salary—provided the injury is compensable, not a part-time employee, does not violate a safety rule or the employee does not file legal action against Miami-Dade County—the employee will be entitled to short term disability leave subject to the prevailing labor contract. This program is provided by Miami-Dade County as a fringe benefit to the employees. An employee receives restoration of any accumulated leave time based on medical verification beginning on the first day of lost time and up to 240 consecutive lost days.



WHAT EMPLOYEES NEED TO KNOW ABOUT WORKERS' COMPENSATION IN FLORIDA

FLORIDA DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY

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Your employer's workers' compensation insurance carrier is:

MIAMI-DADE COUNTY RISK MANAGEMENT

111 N.W. 1st Street, Suite 2340
Miami, Florida 33128
(305) 375-4280

**This pamphlet is for informational purposes only and does not
necessarily have the full effect of law and/or regulations.**



WHAT EMPLOYEES NEED TO KNOW ABOUT WORKERS' COMPENSATION IN FLORIDA

INTRODUCTION

This pamphlet gives you general information about the Florida Workers' Compensation Program. You will receive information about your rights, benefits and responsibilities. You will also learn how the Division of Workers' Compensation can help you through the process so you can return to work as quickly as possible.

If you have any questions about workers' compensation, please call the Division of Workers' Compensation Employee Assistance Office at this toll-free number: 1-800-342-1741, or call any of the field offices listed at the end of this brochure (TTD 1-800-955-8771 — Voice 1-800-955-8770).

Please be advised that:

“Any person who knowingly and with intent to injure, defraud or deceive any employer, employee, insurance company of self-insured program or who files a statement of claim containing any false or misleading information commits a felony of the third degree.”

BASIC FACTS ABOUT WORKERS' COMPENSATION

- Workers' Compensation coverage is paid by your employer at no cost to you.
- It is your responsibility to report a work-related accident as soon as it happens.
- This coverage will pay for the most reasonable and necessary medical care if you get hurt or get sick because of an injury on your job.
- Your employer or its workers' compensation insurance carrier has the right to choose the doctor who will treat you.
- Workers' compensation coverage will also replace part of your lost wages if your doctor says you must be out of work for a certain length of time because of a work-related injury or illness.

The intent of the law is to ensure that you return to work as soon as the doctor says you are able. If your workplace has more than 50 employees, your employer should make a good faith effort to return you to work within your restrictions after your reach maximum medical improvement (MMI). If your employer does not make a good faith effort to do this, it may have to pay a fine. Your employer's workers' compensation insurance carrier's name and telephone number should be posted at your worksite. If not, ask your supervisor for your employer's carrier or call the Employee Assistance Office (EAO) of the Division of Workers' Compensation (1-800-342-1741) or the closest EAO field office listed in the back of this booklet.



You should know that if you are caught reporting a work-related injury when you know you were not injured at work, you could be convicted of a felony of the third degree.

HOW TO GET MEDICAL CARE AND BENEFITS

Follow these simple rules:

- Report your job-related injury or illness to your supervisor as soon as possible.
- Go to the doctor chosen by your employer or your employer's workers' compensation insurance carrier.

For you to begin getting benefits, your employer must report the injury to its workers' compensation insurance carrier either by telephone or by completing a First Report of Injury or Illness. You should complete all forms when asked. Your employer or the workers' compensation insurance carrier must provide you with a copy of your First Report of Injury or Illness. To keep receiving benefits during the time you are unable to work (or working at a reduced salary), you must complete forms when asked. If you have any questions about those forms that are not answered by your employer or carrier, please call the Employee Assistance Office (EAO) at the Division of Workers' Compensation for assistance at 1-800-342-1741 or call any of the EAO field offices listed at the end of this booklet.

Be sure you do everything possible to cooperate with your employer and its workers' compensation insurance carrier. If you do not, your benefits may stop or be delayed. Be sure you:

- Complete all workers' compensation forms in a timely manner.
- Keep all appointments.
- Report any earnings to the workers' compensation insurance carrier (including social security and unemployment compensation benefits) that you get after your injury.
- Get approval from the insurance carrier before receiving treatment. If you are not satisfied with the doctor first assigned, ask your workers' compensation insurance carrier to approve another doctor.
- Return to work as soon as the doctor says you can.
- Keep all records in a safe place for future reference.

Be aware that your right to receive benefits and medical care may end if there has been no payment for lost wages made or necessary medical care provided for a one year period.



WHAT TYPES OF BENEFITS CAN YOU GET?

MEDICAL BENEFITS

Workers' Compensation insurance pays for all reasonable and necessary medical care related to your on-the-job injury or illness including:

- visits to an approved health care provider (chiropractic visits may be limited)
- surgery
- hospital care
- dental care
- prescription drugs
- braces and crutches
- other medical supplies when ordered by your approved physician

Before being treated, be sure you have the approval of your employer's workers' compensation insurance carrier. You are not responsible for the doctor bills as long as the carrier approves the doctor you are seeing. If you see a doctor without the workers' compensation insurance carrier's approval, you will probably be responsible for the bill. When you receive approved treatment, the doctor will bill the workers' compensation insurance carrier directly. If you are billed, send the bill to your carrier. There is one exception, if you were injured on or after January 1, 1994, your doctor is responsible for collecting directly from you a \$10 co-payment per visit after your reach maximum medical improvement (MMI).

If you need copies of any medical reports, you can get them from your doctor or workers' compensation insurance carrier, but there may be a charge for these copies.

PAYMENT FOR LOST WAGES

If your earnings are lower because of a work-related injury or illness, you may be able to receive some cash benefits (indemnity benefits). You may be eligible for these benefits if you have been out of work for more than seven (7) calendar days on the advice of your approved doctor and one of the following is true:

- You are unable to return to work as a result of the accident.
- You are able to work but because of your injury you earn wages less than 80% of what you earned before your injury.
- Your doctor says you will have a permanent loss of a bodily function as a result of your injury. (This is called permanent impairment.)



These payments can help you through the period of time you are disabled from your workplace injury or illness. These cash benefits begin on the eighth day of partial or total disability. You will be paid for the first seven (7) days only if you are disabled for more than twenty-one (21) days. These days do not have to be continuous calendar days.

To help the workers' compensation insurance carrier calculate the benefits that are due, your employer is required to send the workers' compensation insurance carrier and you a report of your wages and certain fringe benefits for the 13 weeks immediately before you were injured. The carrier will use this information to calculate your average weekly wage and your workers' compensation benefits. If you have a second job, your average weekly wage may include both incomes. Call the Employee Assistance Office of the Division of Workers' Compensation at 1-800-342-1741 (or any EAO field office listed at the end of this booklet) or your employer's workers' compensation insurance carrier for more details.

REEMPLOYMENT SERVICES

If, as a result of your work injury or illness, you cannot earn wages similar to those you earned before your injury, you may qualify to receive reemployment services. The goal of these services is to help you return to work as soon as you can. The types of services you may receive will vary depending upon the date you were injured or became ill. They may include:

- Help in writing resumes
- Vocational testing and counseling to help identify employment options
- Help in finding a job
- Training and education if needed for you to be able to return to work

For more information about reemployment services, please contact the Rehabilitation and Medical Services Offices closest to you. There is a listing of these offices at the end of this booklet.

PREFERRED WORKER PROGRAM

If you have a permanent disability and are unable to return to your regular job because of a workplace injury or illness, you may be eligible to receive a Preferred Worker Card. The card will tell a future employer about financial benefits for the employer that come from hiring you. This may make it easier for you to get a job.

To find out if you qualify for a Preferred Worker Card, call the Rehabilitation and Medical Services Office closest to you (phone numbers are listed at the end of this booklet).



TYPES OF BENEFIT PAYMENTS

This table summarizes the types of payments you may receive if you are injured on or after January 1, 1994. If you have been injured before that date, call your employer's workers' compensation carrier or the Employee Assistance Office of the Division of Workers' Compensation at 1-800-342-1741 (or any EAO field office listed at the end of this booklet) to learn more about the benefits you may receive.

| TYPE OF BENEFIT | TEMPORARY TOTAL DISABILITY (TTD) | TEMPORARY TOTAL DISABILITY AT 80% | TEMPORARY PARTIAL DISABILITY (TPD) | IMPAIRMENT INCOME | SUPPLEMENTAL | REHABILITATION TTD (TRAINING & EDUCATION) | PERMANENT TOTAL DISABILITY (PTD) | DEATH BENEFITS |
|---|--|---|---|--|--|--|---|---|
| WHEN YOU BECOME ELIGIBLE | After 7 days of disability | After 7 days of disability | After 7 days of disability | After your doctor assigns an impairment rating | After your impairment income benefits end | After you have been approved by the Division to participate in a training and education program | After your doctor says you have an injury as defined below | After the death of a person eligible for workers' compensation and you can show dependency as defined by law |
| CONDITION FOR ELIGIBILITY | Doctor says you cannot work at all | <ul style="list-style-type: none"> • Doctor says you cannot work at all • Loss of arm, leg, hand or foot • Paraplegic, paraparetic, quadriplegic, quadriparetic • Blindness | <ul style="list-style-type: none"> • Doctor says you are able to return to modified duty • You are earning less than 80% of your previous wages | Your doctor says you have reached MMI and assigns an impairment rating or your temporary disability benefits end and you have been assigned an impairment rating | <ul style="list-style-type: none"> • Your impairment rating must be 20% or more • You have made a good faith effort to find suitable work • You are not able to earn more than 80% of your AWW • You have completed the required form and returned it to your employer's carrier | <ul style="list-style-type: none"> • You or your carrier request Division screening • The Division has determined that you qualify for reemployment services | You are unable to work and have one of the following conditions: <ul style="list-style-type: none"> • Spinal cord injury causing paralysis • Loss of arm, leg, hand or foot • Severe brain or head injury • Second or third degree burns over 25% of your body or third degree burns to 5% of face and hands • Blindness • A condition that would qualify you for Social Security Disability Benefits | If death is a result of the workplace accident and <ul style="list-style-type: none"> • death is within one year of accident or • death is within five years of accident if injured person was on continuous disability |
| AMOUNT OF PAYMENT | 2/3 of average weekly wage (AWW) up to a maximum | 80% of AWW up to a maximum of \$700 | Calculated by formula | One half (1/2) of your average weekly TTD benefits up to a maximum | Calculated by formula | 2/3 of your AWW up to a maximum | 2/3 of your AWW up to a maximum | If a relative can show dependency he/she may be eligible for: <ul style="list-style-type: none"> • Benefits calculated by formula • Funeral expenses up to \$5000 • Other available benefits |
| HOW LONG YOU CAN RECEIVE PAYMENT | 104 weeks or until your doctor releases you to modified duty work or says you have reached maximum medical improvement (MMI) | Up to six months from the date of accident | 104 weeks or until your doctor says you have reached MMI | For each percentage point of your permanent impairment rating you will receive 3 weeks of benefits | Until 401 weeks have passed since the date of accident | 26 weeks with an extension of 26 weeks if approved | Until you are reemployed | Until a total of \$100,000 has been paid; there are certain exceptions |

TTD AND TPD COMBINED CANNOT EXCEED 104 WEEKS



QUESTIONS AND ANSWERS

RETURN TO WORK QUESTIONS

Q Can my employer fire me if I am out and receiving workers' compensation benefits?

A You should not be fired in retaliation for filing or attempting to file a workers' compensation claim. However, the workers' compensation law does not require your employer to hold your position for you until you can return to work.

Q Must I be released to full duty before I can return to work?

A No. Your doctor may release you for modified or light duty work before you have reached Maximum Medical Improvement (MMI). The law is written so that it is beneficial to both you and your employer for you to return to work as soon as possible.

INSURANCE QUESTIONS

Q Is my employer required to have workers' compensation insurance?

A Employers with four or more employees, part-time or full-time, are required to have workers' compensation coverage. An employer in the construction industry with one or more employees is required to have insurance.

Q Do I have to pay for coverage under this insurance?

A No. Your employer pays the premium. Your employer cannot require you to pay any part of the premium.

BENEFIT PAYMENT QUESTIONS

Q Where does my workers' compensation benefit check come from?

A It comes from your employer's workers' compensation insurance carrier or from your employer if it is individually self-insured.

Q Are workers' compensation benefits taxable?

A No.



Q Can my benefits be lowered for failure to use safety appliances or follow safety rules?

A Yes, your cash benefits may be lowered 25% if your injury occurred while you were not following safety rules or using safety appliances provided by your employer.

Q When will I get my first check?

A The earliest date you can expect your first check is within three weeks of your injury. This can only happen if you report your injury immediately to your employer and the First Report of Accident or Illness is completed and sent to the workers' compensation insurance carrier shortly after that. The carrier is required to send a check within fourteen (14) days after learning you will be disabled for more than seven days (the carrier will gather information from you, your employer and your doctor).

Q How long can I collect workers' compensation benefits?

A There are limits on how long you can receive benefits. These limits vary depending upon the date you are injured, how serious your injury is, and what benefits you are receiving. Call your workers' compensation insurance carrier or the Employee Assistance Office of the Division of Workers' Compensation to get information specific to your case.

Q What can I do if I am not receiving my benefits?

A Call your employer's workers' compensation insurance carrier first, then, if you are not satisfied or do not understand why your benefits have stopped or not provided, call the Employee Assistance Office at the Division of Workers' Compensation at 1-800-342-1741 or any of the EAO field offices listed at the end of this booklet.

The Employee Assistance Office will provide assistance to you in resolving your disagreements with your workers' compensation insurance carrier. This assistance is provided free of charge. If this office is unsuccessful in resolving your problems, the staff will assist you in completing a Petition for Benefits. Please note, the Employee Assistance Office will help you through the workers' compensation system; however, they cannot represent you before a Judge of Compensation Claims.



MEDICAL BENEFITS QUESTIONS

Q Do I have to pay any of the medical costs?

A Your employer or its workers' compensation insurance company must pay for all approved and medically necessary care.

If you are injured on or after January 1, 1994, you are required to pay a \$10 co-payment per visit for medical treatment after you reach Maximum Medical Improvement (MMI).

Q How are the doctors and other health care providers paid?

A All authorized health care providers must bill your employer's workers' compensation insurance carrier directly. If you receive a bill, mail it to the carrier. Do not pay it yourself. If you know the claim number the carrier has assigned to your case, write it on all bills and correspondence.

Q Can I choose my own doctor?

A No. Your employer or its workers' compensation insurance carrier can choose the doctor to treat you. If you are unhappy with the doctor chosen by the carrier or want to request a second opinion, you must ask the carrier to provide you with another doctor.

Q If I think I need one type of treatment and the workers' compensation insurance company disagrees, is there anything I can do?

A Possibly. Call the Employee Assistance Office at the Division of Workers' Compensation at 1-800-342-1742 or the field office nearest you about available options.

Q When is an impairment rating assigned?

A When you reach Maximum Medical Improvement (MMI), your treating doctor must give you an impairment rating if you have a permanent loss of function of a part of your body.

GENERAL QUESTIONS

Q How long do I have to report the accident to my employer?

A You should report the accident immediately to your supervisor in order not to cause a delay in receiving any worker's compensation benefits.



Q What can I do if my employer refuses to complete a First Report of Injury or Illness for my accident or illness?

A Call your employer's workers' compensation insurance carrier, or the Employee Assistance Office of the Division of Workers' Compensation (1-800-342-1741), or the Employee Assistance Office near you (see list at the back of this booklet).

Q If my employer has a Drug Free Workplace Program, can I still get workers' compensation benefits?

A It depends; if you test positive for drugs or alcohol at the time of the accident, you could lose your workers' compensation benefits.

Q Where do I get help if I think my employer or workers' compensation insurance carrier is not treating me fairly?

A Call the Employee Assistance Office of the Division of Workers' Compensation at 1-800-342-1741 or the Employee Assistance Field Office near you.

Q Am I entitled to a lump-sum settlement of my case?

A A lump sum settlement is allowed but is not mandatory. Any negotiations are strictly voluntary between you and your employer's workers' compensation insurance carrier, and you must be approved by a Judge of Compensation Claims.

Q Should I hire an attorney?

A You are not required to have an attorney. Free assistance is available. Disputes between you and your employer's workers' compensation insurance carrier can usually be handled quickly by calling the Employee Assistance Office of the Division of Workers' Compensation at 1-800-342-1741 or the Employee Assistance Office near you.

You cannot have a dispute heard by a Judge of Compensation Claims until you have participated in good faith in the Employee Assistance Office dispute resolution program.

You may hire an attorney to help you if you choose. If you do hire an attorney, you may be responsible for paying the attorney's fees.



GLOSSARY

Average Weekly Wage (AWW): The wage used to calculate payments for lost wages. It is the average weekly wage earned by an injured worker during the 13 weeks before injury. Depending on the date of accident, the AWW may or may not include income from jobs other than the one where the injury occurred.

Compensation Rate (Comp Rate or CR): 66 2/3% of the average weekly wage up to a maximum benefit established by the Division of Worker's Compensation.

Disability: Incapacity, due to the injury or illness, to earn the same wages as before the injury.

First Aid Treatment: Treatment provided at the workplace for which there are no medical charges.

Impairment Rating: A determination of an injured worker's loss of physical function as a percentage. This percentage represents the extent a work-related injury has permanently impaired the injured worker.

Indemnity Benefits: Cash benefits paid to an injured worker to replace part of wages lost as a result of a work injury.

Injury: Personal injury, illness or death by accident arising out of and in the course of employment.

Maximum Medical Improvement (MMI): The point in time when the treating physician believes the injured worker has recovered as much as he or she is going to.

Modified or Light Duty Work: Employment that is within the physical capabilities of the injured worker as defined by the doctor. It may include a change in duties consistent with physical capabilities, number of hours worked or break schedule.

Safety Program: A comprehensive program designed to provide a safe work environment, including but not limited to: an active safety committee, safe working practices and procedures, employee training on equipment, job specific safety rules and personal protective equipment.

Temporary Partial Disability (TPD): A disability that temporarily prevents an injured worker from performing his/her normal job duties. The injured worker has some capability to work but with changed duties or with reduced hours.

Temporary Total Disability (TTD): A disability that completely prevents an injured worker from returning to work for a temporary time period.



EMPLOYEE ASSISTANCE FIELD OFFICES

| | |
|-----------------------|--------------|
| DAYTONA BEACH | 904-238-3161 |
| FT. LAUDERDALE | 954-467-4686 |
| FT. MYERS | 941-278-7091 |
| GAINESVILLE | 352-955-2017 |
| JACKSONVILLE | 904-798-4372 |
| MIAMI | 305-377-5965 |
| ORLANDO | 407-245-0758 |
| PANAMA CITY | 850-747-5424 |
| PENSACOLA | 850-494-7111 |
| SATELLITE BEACH | 407-984-4979 |
| TALLAHASSEE | 850-922-6390 |
| TAMPA | 813-930-7545 |
| WEST PALM BEACH | 561-640-2850 |

REHABILITATION AND MEDICAL SERVICES FIELD OFFICES

| | |
|-----------------------|--------------|
| DAYTONA BEACH | 904-254-3761 |
| FT. LAUDERDALE | 954-467-4612 |
| FT. MYERS | 941-278-7092 |
| GAINESVILLE | 352-955-2019 |
| JACKSONVILLE | 904-359-6101 |
| MIAMI | 305-377-5379 |
| ORLANDO | 407-245-0895 |
| PENSACOLA | 850-494-7100 |
| SARASOTA | 941-361-6022 |
| SATELLITE BEACH | 407-634-3598 |
| ST. PETERSBURG | 813-570-3052 |
| TALLAHASSEE | 850-488-8720 |
| TAMPA | 813-930-7546 |



Notes



